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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000055130

INTERNATIONAL PHONE CENTERS, INC.

| 1 - 41                                   |  |  |  |
|--|--|--|--|
| Principal Place of Business              | Mailing Address                          |  |  |
| 2815 TAYLOR STREET<br>HOLLYWOOD FL 33020 | 2815 TAYLOR STREET<br>HOLLYWOOD FL 33020 |  |  |

## **FILED** Jan 27, 1999 8:00am **Secretary of State**

01-27-1999 90043 013 \*\*\*150.00



| Principal Place                       | of Business   | Mailing Address                                      |  |                              |  |             |  |
|---------------------------------------|---|--|--|------------------------------|--|-------------|--|
| 2815 TAYLOR STREET 2815 TAYLOR STREET |   |  |  |                              |  |             |  |
| HOLLYWOOD FL 33020 HOLLYWOOD FL 33020 |   |  | DO NOT WRITE IN TH                                     | S SPACE                      |  |             |  |
|                                       |   |  |  |                              | 3. Date Incorporated or Qualifed   |             |  |
|                                       |   |  |  |                              | 07/14/1995   |             |  |
|                                       |   | To Minter Address                                    |  |                              | 4, FEI Number  | TA          | pplied For   |
| 2. Principal Pl                       | ace of Business   | 2a. Mailing Address                                  | 5  |                              | 58-2191625   |             | lot Applicable   |
| 21                                    |   | 26   |  |                              | 30 2 13 1023   |             | Additional   |
| Suite, Apt.                           | #, etc:   | Suite, Apt. #, et                                    | C.   |                              | 5. Certifcate of Status Desired .  |             | Required   |
| 22                                    |   |  | - First Consider                                       | \$5.00                       | May Be   |             |  |
| City & State City & State             |   |  | 6. Election Campaign Financing Trust Fund Contribution |                              | to Fees  |             |  |
| 23                                    |   | 28   |  |                              |  |             |  |
| Zip                                   | Country   | Zip  |  | intry                        | 8. This corporation owes the current year  | Yes         | □No  |
| 24                                    | 25  | 29   | 30   | T                            | Personal Property Tax.  10. Name and Address of New Registere  |             |  |
|                                       | 9. Name and Address of Currer   | nt Registered Agent                                  |  | 81 Nam                       |  | u rigum_    |  |
|                                       | L HOURD   | e so e total   |  | 81 Nam                       |  |             |  |
|                                       | K, HOWARD   |  |  | 82 Stree                     | et Address (P.O. Box Number is Not Acceptable)   |             |  |
|                                       | TAYLOR STREET   | ret.   |  |                              |  |             | A CONTRACTOR OF THE STATE OF TH |
| HOL                                   | LYWOOD FL 33020   |  |  | 83                           |  |             |  |
|                                       | general control of  |  |  | 84 City                      | 4 - 4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -  | 85 Zir      | Code   |
|                                       | •   |  |  | 1, 1, ,                      | F  | L           |  |
| office or r                           | egistered agent, or both, in the State m familiar with, and accept the obligations.   | of Florida. Such change<br>ations of, Section 607.05 | was authorize<br>05, Florida Sta                       | d by the co<br>tutes.        | ed corporation submits this statement for the purpose progration's board of directors. I hereby accept the appropriate the purpose of the pur | ointment as | registered   |
| _                                     |   | •  |  |                              | DATE   |             |  |
| SIGNATURE                             | Signature, typed or printed name of registered age  |  |  |                              | ine required when resistating)   | AND DIRECT  | TORS IN 12   |
| 12.                                   | OFFICERS AI   | ND DIRECTORS   | 13.  |                              | ADDITIONS/CHANGES TO OFFICERS  | Change      |  |
| TITLE                                 | D   | ☐ DEL  | ETE 1.1 T  | ITLE.                        |  | C Outside   |  |
| NAME                                  | MACK, HOWARD  |  | 1.2 N  | AME                          | Ĭ  |             | Ì  |
| STREET ADDRESS                        | 2815 TAYLOR STREET  |  | . 1.3 5  | TREET ADDRE                  | SS   |             |  |
| CITY-ST-ZIP                           | HOLLYWOOD FL 33020  |  | 1.4 0  | ITY-ST-ZIP                   |  | F7 05 +++   | a D Addition   |
| TITLE                                 | D   | ☐ DEL  | ETE 2.1 T  | TTLE                         |  | Chang       | e 🔲 Addition   |
| NAME                                  | WITHERS, MICHAEL  |  | 2.21   | IAMÉ                         |  |             |  |
| '                                     | 2815 TAYLOR STREET  |  | 2.3 9  | STREET ADDRE                 | ess  |             |  |
| STREET ADDRESS                        | HOLLYWOOD FL 33020  | 14.4   | 2.4  | CITY-ST-ZIP                  |  |             |  |
| CITY-ST-ZIP                           | TROLLINGOD TE SOUZE   | □ DEL  |  | TITLE                        |  | Chang       | e 🔲 Addition   |
| TITLE ,                               |   |  |  | AME                          |  |             | ,  |
| NAME                                  | (1965年) · 1967年 · 19674 · 1967年 · 19674 · 19674 · 19674 · 19674 · 19674 · 19674 · 19674 · 19674 · 19674 · 19674 · 19674 · 19674 · 19674 · 19674 · 19674 · 19674 · 196 | · •  |  | STREET ADDRE                 | 200  |             | (50)   |
| STREET ADDRESS                        | Research to the control of  |  | B  |                              |  |             |  |
| CITY-ST-ZIP                           |   | ☐ DEI  |  | City-St- <b>zip</b><br>Title |  | ☐ Chang     | e Addition   |
| TITLE                                 |   | . Li VEL   |  |                              |  | _ ·         | }  |
| NAME                                  |   |  | l l  | NAME                         |  |             | }  |
| STREET ADDRESS                        |   |  | 4.3  | STREET ADDRE                 | ESS  |             |  |
| CITY-ST-ZIP                           |   | <u> </u>   |  | CITY-ST-ZIP                  |  | Chang       | e Addition   |
| TITLE                                 |   | □ DEI  | 1  | TITLE                        |  | L'I cuant   | ie Dyoguoti i  |
| NAME                                  |   | •  |  | NAME                         |  |             |  |
| STREET ADDRESS                        |   |  | 5.3  | STREET ADDRE                 | ESS  |             | ·  |
| CITY-ST-ZIP                           | [ 基本]   |  | 5.4  | CITY-ST-ZIP                  |  |             |  |
| TITLE                                 | San   | ☐ DEI  | ETE 6.1  | TITLE                        | _  | Chang       | ge   |
| NAME                                  |   | • •  | 6.2  | NAME                         | · ·  |             | · [  |
| INVINE                                |   | •  | 6.3  | STREET ADDRI                 | ESS .  |             |  |
| STREET ADDRESS                        |   |  |  |                              |  |             |  |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed; or on an attachment with an address, with all other like empowered.